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UTILITY PATENT APPLICATION TRANSMITTAL

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that on March 12, 2004 this document and all listed attachments are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" mailing Label Number ER 822664763 US addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

GAYLE VINSON

(Type or Print name of person mailing paper)

(Signature of person mailing paper)

Attorney Docket No. 0180.0063

First Inventor: William M. Pardridge

Title: DELIVERY OF GENES ENCODING SHORT HAIRPIN RNA USING RECEPTOR-SPECIFIC NANOCONTAINERS

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith for filing in the above-identified patent application are:

<input checked="" type="checkbox"/> Transmittal/Fee Calculation	<input checked="" type="checkbox"/> Oath and Declaration [Total Pages 2]	<input type="checkbox"/> Copies of IDS References
<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Power of Attorney	<input checked="" type="checkbox"/> Sequence Listing
<input checked="" type="checkbox"/> Specification [Total Pages 35]	<input type="checkbox"/> Assignment (incl. Cover Sheet)	<input checked="" type="checkbox"/> Computer-Readable Copy
<input checked="" type="checkbox"/> Drawings [Total Sheets 5]	<input type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
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FEE CALCULATION: The filing fee has been calculated as shown below:

For	Claims Filed	No. Extra	Small Entity Rate	Small Entity Fee	Standard Rate	Standard Fee
Basic Fee				\$385.00		\$770.00
Total Claims	32 - 20 =	12	x \$ 9.00	108.00	x \$ 18.00	
Independent Claims	2 - 3 =	0	x \$ 43.00	0.00	x \$ 86.00	
<input type="checkbox"/> Multiple Dependent Claims Presented			+ \$145.00	0.00	+ \$290.00	
			Total	493.00	Total	

METHOD OF PAYMENT

- ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account No. 50-1811

Deposit Account Name David J. Oldenkamp

- ☒ Charge any additional fees Required Under 37 CFR 1.16 and 1.17

- ☒ Applicant claims small entity status 37 CFR 1.27

☒ **Payment Enclosed:**

- ☒ Check ☐ Credit Card ☐ Money Order ☐ Other

Respectfully submitted,

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Dated: March 10, 2004

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22858 U.S. PTO
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